

**DEPARTMENT OF SOCIAL AND HEALTH SERVICES
MEDICAL ASSISTANCE ADMINISTRATION
Olympia, Washington**

To: Oxygen Providers
Inhalation/Respiratory Therapists
Pharmacists
Managed Care Plans
Regional Administrators
CSO Administrators

Memorandum No: 03-51 MAA
Issued: July 9, 2003

For Information Contact:
Toll Free: 1-800-562-6188

Supersedes: 01-82 MAA

From: Douglas Porter, Assistant Secretary
Medical Assistance Administration (MAA)

Subject: Update to the Oxygen and Respiratory Therapy Billing Instructions & Fee Schedule

Effective for claims with dates of service on and after July 1, 2003, the Medical Assistance Administration (MAA) has updated the Fee Schedule section in MAA's Oxygen and Respiratory Therapy Billing Instructions, dated January 2000. The changes are listed in this memorandum.

What has changed?

- The new, reorganized fee schedule contains the following changes:
 - ✓ New procedure codes and modifiers;
 - ✓ Discontinued procedure codes and modifiers;
 - ✓ Additions or changes to coverage limitations;
 - ✓ Revised maximum allowances;
 - ✓ Revised procedure code descriptions; and
 - ✓ Introduction of Expedited Prior Authorization (EPA).

These changes correspond to Medicare's 2002 fee schedule. MAA considers the following discontinued codes and modifier valid until July 31, 2003.

Discontinued Codes	Replacement Codes		Discontinued Codes	Replacement Codes
6391E	None		6642E	None
6442E	S8181		6671E	S8185
6450E	None		6840E	L8501
6510E	S8181		6894E	None
6600E	None		6952E	E1340
6610E	A7012		7804E	A4625 or A4629
7999E	E1399		S8105	E0445

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Discontinued Codes	Replacement Codes		Discontinued Codes	Replacement Codes
A4214	None		K0184	A7032 or A7033
A4454	A4450 or A4452		K0185	A7035
A4712	A7020		K0186	A7036
A7018	None		K0187	A7037
E0608	E0619		K0188	A7038
E1372	None		K0189	A7039
K0183	A7034		Modifier 5B	Modifier U2

- The Important Contacts page has been updated with information on how to contact the Division of Medical Management.

Remember to bill MAA your usual and customary fee. For procedure codes that were formerly listed as By Report (B.R.), MAA reimburses providers the percentage of billed charges listed in the Maximum Allowable Fee column of the Fee Schedule.

To obtain this memorandum or replacement pages A1-A2 and D1-D26 for MAA's Oxygen and Respiratory Therapy Billing Instructions electronically, go to MAA's website at <http://maa.dshs.wa.gov> (click on Provider Publications/Fee Schedules).

Important Contacts

Where do I call for information to become a DSHS provider, to submit a change of address or ownership, or to ask questions about the status of a provider application?

Provider Enrollment Unit
(866) 545-0544

Where do I send my claims?

Division of Program Support
PO Box 9247
Olympia WA 98507-9247

How do I obtain copies of billing instructions or numbered memoranda?

Check out our web site at:
<http://maa.dshs.wa.gov>, Provider Publications/Fee Schedules link.

Where do I call if I have questions regarding...

Policy, payments, denials, general questions regarding claims processing, Healthy Options, or to request billing instructions?

Medical Assistance Customer Services Center (MACSC)
(800) 562-6188

Prior authorization and information updates?

Division of Medical Management
Fax: (360) 586-1471

Private insurance or third-party liability, other than Healthy Options?

Coordination of Benefits Section
(800) 562-6136

Electronic Billing?

Electronic Media Claims Help Desk
(360) 725-1267

Internet Billing?

<http://maa.dshs.wa.gov/ecs.htm>

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Fee Schedule

Notes about the fee schedule

Procedure code description: The description of each procedure code will tell you if:

- A modifier is required.
- A limit applies.
- An item/service is bundled/unbundled.

Maximum Allowance: The *RENTAL* and *PURCHASE* columns indicate the maximum dollar amount or percentage of billed amount payable by MAA. Rentals are calculated on a monthly basis unless otherwise indicated. In those instances where rental is required prior to purchase, the rental price is applied towards the purchase price.

Modifiers: **You must use the appropriate modifier with the procedure code when indicated:**

Equipment Rental -	Use modifier "RR"
Equipment Purchase -	Use modifier "1P"
Six Month Maintenance Fee -	Use modifier "MS" (for Ventilators and CPAPs only)
Second Ventilator (Backup) -	Use modifier "U2"

Do Not Bill With: **Any procedure code listed in the "Do Not Bill With" column of the fee schedule is AT NO TIME allowed in combination with the primary code located in the "Procedure Code" column.**

Bill MAA your usual and customary fee (the fee you bill the general public). MAA's payment will be either your usual and customary fee or MAA's maximum allowable rate--whichever is lower.

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Apnea Monitor and Supplies

Apnea monitor. Rental only. Maximum of six months rental allowed. Modifier RR required. Payment includes necessary accessories. <i>Discontinued for dates of service on and after August 1, 2003. See E0619.</i>	E0608		\$286.40	
Apnea monitor, with recording feature. Maximum of six months rental allowed. Modifier RR required. Payment includes necessary accessories.	E0619		280.35	
Electrodes (e.g., Apnea monitor), per pair. Purchase only. Modifier 1P required. For use only when client is unable to tolerate carbon patch electrodes. Limit: 15 per month	A4556	E0608 A4558, E0618		\$10.27
Conductive paste or gel. Purchase only. Modifier 1P required.	A4558			5.45
Apnea belt kit (includes 2 belts, 4 electrodes, and 4 lead wires). Purchase only. Modifier 1P required. Limit: 2 per month.	6893E	A4556, A4557		25.92

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Continuous Positive Airway Pressure System (CPAP)

Continuous airway pressure (CPAP) device.* <ul style="list-style-type: none"> Requires results of sleep study performed in an MAA-approved sleep center. Limit: 1 unit per month, maximum of 2 months rental. Purchase required after 2 months rental. Client compliance and efficacy must be documented prior to purchase. Modifier RR or 1P required. 	E0601	K0532	\$111.15	\$1111.50
Nasal application device used with positive airway pressure device. (Includes nasal shell or mask, and swivel.) Limit: 2 per year. Discontinued for dates of service on and after August 1, 2003. See A7034.	K0183			82.11
Nasal interface (mask or cannula type) used with positive airway pressure device, with or without head strap. Limit: 2 per year.	A7034	A7032, A7033		117.64
Nasal single piece interface, replacement for nasal application device, pair or single piece interface Discontinued for dates of service on and after August 1, 2003. Limit: 2 per year. See A7032 or A7033.	K0184			25.16
Replacement cushion for nasal application device, each. Limit: 2 per year.	A7032	A7034		40.53
Replacement pillows for nasal application device, pair. Limit: 2 per year.	A7033	A7034		24.12

*For owned ventilators and CPAPs – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed. **Maintenance checks are paid at 50% of the rental rate.**

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Continuous Positive Airway Pressure System (CPAP) (cont.)

Headgear used with positive airway pressure device. Limit: 2 per year. <i>Discontinued for dates of service on and after August 1, 2003. See A7035.</i>	K0185			\$40.61
Headgear used with positive airway pressure device. Limit: 2 per year.	A7035			39.56
Chin strap, used with positive airway pressure device. Limit: 2 per year. <i>Discontinued for dates of service on and after August 1, 2003. See A7036.</i>	K0186			18.59
Chinstrap used with positive airway pressure device. Limit: 2 per year	A7036			18.11
Tubing, used with positive airway pressure device. Limit: 2 per year. <i>Discontinued for dates of service on and after August 1, 2003. See A7037.</i>	K0187	A7010		41.90
Tubing used with positive airway pressure device. Limit: 2 per year	A7037	A7010		40.81
Filter, disposable, used with positive airway pressure device. Limit: 2 per month allowed. <i>Discontinued for dates of service on and after August 1, 2003. See A7038</i>	K0188	K0189		5.50
Filter, disposable, used with positive airway pressure device. Limit: 2 per month	A7038	A7039		5.36

*For owned ventilators and CPAPs – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed. **Maintenance checks are paid at 50% of the rental rate.**

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Continuous Positive Airway Pressure System (CPAP) (cont.)

Filter, nondisposable, used with positive airway pressure device. <i>Discontinued for dates of service on and after August 1, 2003. See A7039. Limit: 2 per year.</i>	K0189	K0188		\$15.66
Filter, nondisposable, used with positive airway pressure device.	A7039	A7038		15.33
Humidifier, nonheated, used with positive airway pressure device.* (Must be adaptable to heated system i.e., cold starter kit.) Purchase only. Limit: 1 per year. Modifier 1P required.	K0268	K0531		106.48
Humidifier, heated, used with positive airway pressure device. Purchase only. Prior authorization required. Limit: 1 per 3 years. Modifier 1P required	K0531	K0268		266.98
Respiratory assist device, bi-level pressure capability, without backup rate feature, used with noninvasive interface, e.g., nasal or facial mask (intermittent assist device with continuous positive airway pressure device) (ie:BiPAP S).* <ul style="list-style-type: none"> • Requires results of sleep study performed in an MAA-approved sleep center when prescribed for sleep apnea. • Purchase required after maximum of 2 months rental. Client compliance and efficacy must be documented prior to purchase. • Limit: 1 purchase per lifetime • Modifier RR or 1P required. 	K0532	E0601	\$255.33	2,553.30

*For owned ventilators and CPAPs – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed. **Maintenance checks are paid at 50% of the rental rate.**

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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IPPB Machines and Accessories

IPPB machine, all types, with built-in nebulization; manual or automatic valves; internal or external power source. (Includes mouthpiece and tubing.) Rental only. Modifier RR required.	E0500	E0570	\$92.85	
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Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Nebulizers and Accessories

Nebulizer, with compressor. <ul style="list-style-type: none"> Only the following accessories may be billed with this code: A4621 or A7015, A7003-A7006, A7013. When AC/DC adapter is available for use with equipment provided, the adapter is considered included in nebulizer reimbursement. Rental allowed for client's with expected short-term use, e.g., acute vs. chronic condition. Purchase required after 2 months rental. Limit: 1 per client, per 5 years. Modifier RR or 1P required. See EPA section for clients not meeting Medicare criteria. 	E0570	E0500	\$19.64*	\$196.40
Face tent. Purchase only. Limit: 3 allowed per client, per month. Modifier 1P required.	A4619	E1390		1.22
Immersion external heater for nebulizer. Purchase only. Limit: one per 2 years. Modifier 1P required. <i>Discontinued for dates of service on or after August 1, 2003.</i>	E1372	E0585		166.55
Administration set, with small volume non-filtered pneumatic nebulizer, disposable. May only be used as a backup to A7005 Purchase only. Limit: 1 per client, per month. Modifier 1P required.	A7003	A7004		2.73

*MAA now allows providers to bill for the rental of nebulizers when there is an expectation that the client will only need a nebulizer for short-term use. If, after 2 months of rental, the client still requires the use of a nebulizer, then the rental must be converted to purchase.

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Nebulizers and Accessories (cont.)

Small volume nonfiltered pneumatic nebulizer, disposable. Purchase only. Limit: 3 per client, per month. Modifier 1P required.	A7004	A7003, A7005		\$1.79
Administration set, with small volume non-filtered pneumatic nebulizer, non-disposable. Purchase only. Limit: 1 per client, per month. Modifier 1P required.	A7005	A7004		30.67
Administration set, with small volume filtered pneumatic nebulizer. Purchase only. Limit: 1 per client, per month. Modifier 1P required. For Pentamidine administration only.	A7006			9.50
Corrugated tubing, disposable, used with large volume nebulizer, 100 feet. Purchase only. Modifier 1P required. Limit: 1 per client, per month.	A7010			23.47
Corrugated tubing, nondisposable, used with large volume nebulizer, 10 feet. Purchase only. Modifier 1P required. Limit: 1 per client, per year.	A7011			1.51
Water collection device, used with large volume nebulizer.(e.g., aerosol drainage bag) Purchase only. Modifier 1P required. Limit: 8 per client, per month.	A7012			3.76
Filter, disposable, used with aerosol compressor. Only when using E0570. Purchase only. Modifier 1P required. Limit: 2 per client, per month.	A7013	A7014		0.82

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Nebulizers and Accessories (cont.)

Filter, non-disposable, used with aerosol compressor or ultrasonic generator. Only when using E0565. Purchase only. Modifier 1P required. Limit: 1 per client, per 3 months.	A7014	A7013		\$4.47
Aerosol mask, used with DME nebulizer. Purchase only. Modifier 1P required. Limit: 3 per client, per month.	A7015			1.87
Nebulizer, Large Volume, Jet, Humidification for Pulmonary hydration. Limit: 10 per client, per month.	7803E			1.80
Sterile water or sterile saline. 1000 ml, used with large volume nebulizer Limit: 50 per client, per month.	A7020			2.74
“Fish” 3-5cc Saline Vials Limit: 200 per client, per month.	6854E	7805E		.22
Saline solution per 10 ml, metered dose dispenser for use with inhalation drugs. Purchase only Limit: 72 units per month.	A7019			.34
Compressor, air power source for equipment which is not self-contained or cylinder driven. Rental only. Only the following accessories may be billed with this code: A4619, A4621, E1372 or 6434E, 7803E. A7006, A7010-A7012, A7014, and A7015. Modifier RR required.	E0565		\$51.60	

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Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Oxygen and Oxygen Equipment

Stationary compressed gaseous oxygen system, rental; includes container contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. 1 unit = 50 cubic ft. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0424	A4615-A4620, E0439, E0441-E0444, E0550, E1390	\$195.64	
Portable gaseous oxygen system, rental; includes portable container, regulator, flowmeter, humidifier, cannula or mask, and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0431	A4615-A4620, E0434, E0441-E0444, E0550	36.19	
Portable liquid oxygen system, rental; includes portable container, supply reservoir, humidifier, flowmeter, refill adapter, contents gauge, cannula or mask and tubing. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0434	A4615-A4620, E0431, E0441- E0444, E0550	36.19	
Stationary liquid oxygen system, rental; includes container, contents (per unit), regulator, flowmeter, humidifier, nebulizer, cannula or mask, and tubing. 1 unit = 10 lbs. Monthly rental only. Limit: 1 per month. Modifier RR required.	E0439	A4615-A4620, E0424, E0441-E0443, E0550, E1390	195.64	
Oxygen contents, gaseous (per unit) (for use with owned gaseous stationary systems or when both a stationary and portable gaseous system are owned). This is a monthly fee. Limit: 1 per month.	E0441	E0424, E0431, E0434, E0439, E0442-E0444, E0550, E1390		\$155.20

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Oxygen and Oxygen Equipment (cont.)

Oxygen contents, liquid (per unit) (for use with owned liquid stationary systems or when both a stationary and portable liquid system are owned). This is a monthly fee. Limit: 1 per month.	E0442	E0424, E0431, E0434, E0439, E0441, E0443, E0444, E1390		\$155.20
Portable oxygen contents, gaseous (per unit) (for use with portable gaseous system when no stationary gas or liquid system is used). This is a monthly fee. Limit: 1 per month.	E0443	E0424, E0431, E0434, E0439, E0441, E0442, E0444		21.54
Portable oxygen contents, liquid (per unit) (for use with portable liquid systems when no stationary gas or liquid system is used). This is a monthly fee. Limit: 1 per month.	E0444	E0424, E0431, E0434, E0439, E0441-E0443		21.54
Oxygen concentrator, capable of delivering 85 percent or greater oxygen concentration at the prescribed flow rate. Monthly rental only. Limit: 1 per month. Modifier RR required. (Rental includes: humidifier, if needed, cannula or mask and tubing.)	E1390	A4620, E0424, E0439, E0441, E0442, E0550	\$195.64	

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Professional Services

Respiratory therapy initial home visit; patient intake and evaluation. Allowable one time following a referral, per client.	6600E	6391E, 6413E, 6450E, 6601E		\$38.64
Respiratory therapy home visit: subsequent, includes oximetry services.	6601E	6391E, 6413E, 6450E, 6600E		31.03
Professional visit for clients on outpatient aerosolized pentamidine therapy , MUST be made by a physician, an Advanced Registered Nurse Practitioner (ARNP), a Respiratory Therapist (RT). Limit: 1 per month. Discontinued for dates of service on or after August 1, 2003.	6450E	6391E, 6413E, 6600E, 6601E		46.18
Ventilator therapy initial home visit, patient intake and evaluation. Allowed one time per provider, per client.	6413E	6391E, 6450E, 6600E, 6601E		51.56
Ventilator therapy home visit; billed by any qualified ventilator provider. Discontinued for dates of service on or after August 1, 2003.	6391E	6413E, 6450E, 6600E, 6601E		46.18
Pneumocardiogram or polysomnogram (one year of age and under) service; with recording equipment. Not to be used on a routine basis. Use only when medically indicated.	6616E			155.18

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Suction Pump/Supplies

Tracheal suction catheter, any type, other than closed system, each. Purchase only. Limit: 150 per month Modifier 1P required.	A4624			\$2.62
Oropharyngeal suction catheter, each (Yankauer). Purchase only. Modifier 1P required. Limit: 4 per month.	A4628			3.63
Canister, disposable, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 5 per month.	A7000			7.19
Canister, non-disposable, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 1 per year.	A7001			33.08
Tubing, used with suction pump, each. Purchase only. Modifier 1P required. Limit: 15 per month.	A7002			3.81
Respiratory suction pump, home model, portable or stationary, electric. Modifier RR. Limit: 2 in 5 years, one for use in the home and one for back-up or portability. Deemed purchased after 12 months rental. Modifier RR required. MAA allows payment for suction supplies, (e.g., gloves and sterile water) when billed by Durable Medical Equipment (DME) providers and pharmacists. See Important Contacts section.	E0600		\$45.56	455.60

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Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Tracheostomy Care Supplies

Tracheostomy cleaning brush, each. Purchase only. Modifier 1P required. Limit: 1 per day.	A4626	A4625, A4629		\$3.16
Tracheostomy care kit for new or established trach (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves). Purchase only Modifier 1P required. <i>Discontinued for dates of service on and after August 1, 2003. Use A4625 or A4629.</i>	7804E			2.76
Tracheostomy care kit for new tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: One per client per day. Use this code for first 2 weeks only, then use A4629. Purchase only. Modifier 1P required.	A4625	A4626, A4629		2.45
Tracheostomy care kit for established tracheostomy (includes: basin or tray, trach dressing, gauze sponges, pipe cleaners, cleaning brush, cotton tipped applicators, twill tape, drape, and sterile gloves.) Limit: One per client per day. Use after the first 2 weeks. Purchase only. Modifier 1P required.	A4629	A4625, A4626		2.45

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Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Tracheostomy Care Supplies (cont.)

Tracheostomy or laryngectomy tube. Purchase only. Modifier 1P required. Limit: 4 per client per month, when trach tubes do not have removeable inner cannulas 1 per client per month when trach tube has a removeable inner cannula	A4622	A4623		\$56.65
Tracheostomy, inner cannula (replacement only). Purchase only. Modifier 1P required. Limit: 1 per client per month.	A4623	A4622		6.48
Tracheostomy tube holder, neckband. Purchase only. Modifier 1P required. Limit: 15 per month. <i>Discontinued for dates of service on and after August 1, 2003. Use S8181.</i>	6510E	6442E		3.47
Tracheostomy tube holder. Purchase only. Modifier 1 P required. Limit: 15 per month.	S8181			3.52
Tracheostomy ties, each. Purchase only. Modifier 1P required. <i>Discontinued for dates of service on and after August 1, 2003. See S8181.</i>	6442E	6510E, A4625, A4629		.69
Tracheostomy mask or collar. Purchase only. Modifier 1P required. Limit: 4 per month.	A4621			1.40

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Tracheostomy Care Supplies (cont.)

Tracheostomy and ventilator speaking valve. Purchase only. Modifier 1P required. Limit: 2 per year. Discontinued for dates of service on and after August 1, 2003. See L8501.	6840E			\$60.95
Tracheostomy speaking valve Purchase only. Modifier 1P required. Limit: 2 per year.	L8501			66.83

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Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Ventilators and Related Respiratory Equipment

Volume ventilator, stationary or portable, with backup rate feature, used with invasive interface (e.g., tracheostomy tube). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	E0450	A4611-A4613, A4616-A4618, E0460, E0550, K0533	\$807.32	
Respiratory assist device, bi-level pressure capability, with backup rate feature, used with noninvasive interface, e.g., nasal or facial mask. (Intermittent assist device with continuous positive airway pressure device). (Payment includes all necessary accessories, fittings and tubing.)* Rental only. Modifier RR required.	K0533	A4611-A4613, A4616-A4618, E0450, E0460, E0550	638.99	
Negative pressure ventilator; portable or stationary. (Payment includes all necessary accessories, fittings, and tubing.)* Rental only. Modifier RR required.	E0460	A4611-A4613, A4616-A4618, E0450, E0550, K0533	729.94	
Humidifier heater, with temperature monitor and alarm. (Limited to clients that are mechanically ventilated or clients that have tracheotomies and require heated humidification). Rental only. Modifier RR required.	6434E		184.29	

*For owned ventilators and CPAPs – Use modifier “MS” and type of service “R” indicator when claiming a six-month maintenance check. Limit of one per six months allowed. Maintenance checks are paid at 50% of the rental rate. **Modifier “U2” and type of service “R” indicator required when claiming a secondary “backup” ventilator for the same client.**

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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Ventilators and Related Respiratory Equipment (cont.)

Water, distilled, used with large volume nebulizer, 1000ml. Purchase only. Modifier 1P required. Limit: 16 per month. Discontinued for dates of service on or after August 1, 2003.	A7018			\$.39
Water, sterile (1000cc. bottle). Purchase only. Modifier 1P required. Limit: 50 per month. Discontinued for dates of service on and after August 1, 2003. See A7020.	A4712			2.68

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Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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X-traneous

Tapes, all types, all sizes. Purchase only. Modifier 1P required. <i>Discontinued for dates of service on or after August 1, 2003. See A4450 or A4452.</i>	A4454			\$2.58
Tape, non-water-proof, per 18 square inches.	A4450			.09
Tape, waterproof, per 18 square inches.	A4452			.36
Peak expiratory flow rate meter, hand held. Purchase only. Modifier 1P required. Limit: 3 per client, per year.	A4614			24.29
Aerosol effusion bag. Purchase only. Modifier 1P required. <i>Discontinued for dates of service on and after August 1, 2003. See A7012.</i>	6610E			3.08
Filter holder and integrated filter housing, and adhesive, for use as tracheostoma heat and moisture exchange system, each. (Condenser, disposable e.g., artificial nose.) Limit: 1 per client, per day. Purchase only. Modifier 1P required.	A7509			3.10
Oximeter for measuring blood oxygen levels non-invasively (complete with all necessary accessories and supplies except probes.) Rental only. Modifier RR required. <i>Discontinued for dates of service on or after August 1, 2003. See E0445.</i>	S8105		\$132.72	
Oximeter for measuring blood oxygen levels non-invasively (complete with all necessary accessories and supplies except probes.) Rental only. Modifier RR required.	E0445		\$132.72	

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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X-traneous (cont.)

Oximeter probe/sensor, non-disposable. Purchase only. Modifier 1P required. Limit of 1 per month.	6437E			179.46
Oximeter probe/sensor, disposable Purchase only. Modifier 1P required. Limit: 4 per month.	7806E			\$26.00
Spirometer; (handheld) non-hospital, disposable. Purchase only. Modifier 1P required. Limit: 2 per year. <i>Discontinued for dates of service on and after August 1, 2003.</i>	6642E			9.56
Resuscitator bag; non-disposable, adult/pediatric size. Purchase only. Modifier 1P required. Limit: 2	6620E	6509E		134.11
Resuscitator bag; disposable, adult/pediatric size. Purchase only. Modifier 1P required. Limit: 2.	6509E	6620E		50.99
Non-routine replacement parts for equipment repair. For purchased equipment only. Must bill with statement of warranty coverage. See repair policy for documentation requirements.	6263E			BR

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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X-traneous (cont.)

Repair or non-routine service medical oxygen equipment requiring the skill of a technician, labor component, per 15 minutes. Taxable. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy. Discontinued for dates of service on and after August 1, 2003. See E1340.	6952E			15.76
Repair or nonroutine service for durable medical equipment requiring the skill of a technician, labor component, per 15 minutes. For purchased equipment only. Must bill actual repair cost and statement of warranty coverage, see repair policy.	E1340			\$17.23
Oxygen-related durable medical equipment, miscellaneous. See miscellaneous oxygen related DME policy before billing this code. Discontinued for dates of service on and after August 1, 2003. See E1399.	7999E			BR
Durable medical equipment, miscellaneous Prior authorization required. See "Miscellaneous Oxygen-related Durable Medical Equipment" on page C.9 before billing this code.	E1399			BR Or as noted.
Spacer, bag or reservoir, with or without mask, for use with metered dose inhaler (e.g., Aerovent). Limit: 6 per child, per year; 3 per adult, per year.	A4627			23.70
Flutter device. Purchase only. Modifier 1P required. Limit: 2 per year.	S8185			42.40
Percussor, electric or pneumatic, home model. Purchase only. Modifier 1P required. Limit: 1 per client for lifetime.	E0480			437.20

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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X-Traneous Equipment Reimbursed Only When Client Owns Core Equipment

Battery, heavy duty; replacement for patient-owned ventilator. (gel cell only) Purchase only. Modifier 1P required. Limit: 1 per 2 years.	A4611	E0450, E0460, K0533		\$166.16
Battery cables; replacement for patient-owned ventilator. Purchase only. Modifier 1P required. Limit of 1 per 2 years.	A4612	E0450, E0460, K0533		76.39
Battery charger; replacement for patient-owned ventilator. (gel cell only) Purchase only. Modifier 1P required. Limit of 1 per 2 years.	A4613	E0450, E0460, K0533		143.50
Cannula, nasal. For patient-owned equipment. Purchase only. Modifier 1P required. Limit: 2 per month.	A4615	E0424, E0431, E0434, E0439		1.84
Tubing (oxygen), per foot. For patient-owned equipment. Purchase only. Modifier 1P required.	A4616	E0424, E0431, E0434, E0439, E1390, E0450, E0460, K0533		.09
Mouthpiece. For patient-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4617	E0424, E0431, E0434, E0439, E0450, E0460, E1390, K0533		1.91
Breathing circuits. For use with patient-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4618	E0424, E0431, E0434, E0439, E0450, E0460, E1390, K0533		7.63

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Oxygen and Respiratory Therapy Program

Description	Procedure Code	Do Not Bill With	7/1/03 Rental	7/1/03 Purchase
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X-traneous equipment reimbursed only when client owns core equipment (cont.)

Variable concentration mask. For patient-owned equipment. Purchase only. Modifier 1P required. Limit: 4 per month.	A4620	E0424, E0431, E0434, E0439, E1390		\$2.58
Sterile saline or water, 30 cc vial. Purchase only. Modifier 1P required. Limit: 1 per day. <i>Discontinued for dates of service on and after August 1, 2003.</i>	A4214			1.47
Humidifier, durable for extensive supplemental humidification during IPPB treatments or oxygen delivery. Rental only. Modifier RR required. (Not billable when used with rented ventilator or rented oxygen equipment.) Only allowed for IPPB	E0550	A4615, E0424, E0431, E0434, E0439, E0441, E0450, K0533, E0460, E1390	\$42.40	
Flutter valve. Purchase only. Modifier 1P required. Limit: 2 per year. <i>Discontinued for dates of service on and after August 1, 2003 use S8185.</i>	6671E			42.40
Positive Expiratory Pressure Therapy System. Includes: mask (pediatric or adult), valved resistor, detachable monitoring port, tubing and pressure indicator. Purchase only. Modifier 1P required. Limit: 2 per year. <i>Discontinued for dates of service on or after August 1, 2003.</i>	6894E			37.92

Some policies are noted in this fee schedule for your convenience. Please refer to the narrative sections in the billing instructions for complete policy details.

Expedited Prior Authorization (EPA)

Expedited prior authorization does not apply to out-of-state care. Out-of-state care is not covered. Out-of-state hospital admissions are not covered unless they are emergency admissions.

What is the EPA process?

MAA's EPA process is designed to eliminate the need for written/fax authorization. The intent is to establish authorization criteria and identify these criteria with specific codes, enabling provider to create an "EPA" number when appropriate.

How is an EPA number created?

The first six digits of the EPA number must be **870000**. The last 3 digits must be the code number of the criteria set that indicates what procedure you are billing for and what information qualifies for use of the EPA criteria. Enter the EPA number on the billing form in the authorization number field, or in the *Authorization* or *Comments* field when billing electronically.

Example: When billing E1399 for an **Oximeter** for an oxygen dependent 2 year old with chronic lung disease with documented oxygen saturation changes requiring oxygen flow adjustment, the expedited prior authorization number would be **870000935**. (**870000** = first six digits of all expedited prior authorization numbers, **xxx** = last three digits of an EPA number, indicating the equipment your are billing for and the clinical criteria met.

Note: When the client's situation does not meet published criteria, written/fax prior authorization is necessary.

Expedited Prior Authorization Guidelines

A. Diagnoses

Only information obtained from the hospital or outpatient chart may be used to meet conditions for EPA. Claims submitted without the appropriate diagnosis, procedure code or service as indicated by the last three digits of the EPA number will be denied.

B. Documentation. What documentation is required when using expedited prior authorization?

The billing provider must have documentation of how expedited criteria were met, and have this information in the client's file available to MAA on request.

Which services require EPA?

EPA is required for services noted in MAA's billing instructions as needed after the description of the procedure code.

Expedited Prior Authorization Criteria for:

LAST 3 digits	Procedure Code	Criteria	Reimbursement
900	E0570	Nebulizer when all of the following are true: <ol style="list-style-type: none"> 1) Client does not meet Medicare diagnosis or MDI criteria; 2) Client is 4 years of age or younger; 3) Client has a definitive respiratory diagnosis requiring the administration of nebulized medications. (MAA will not accept dx such as abnormal secretions); and 4) Diagnosis justifying the use of a nebulizer is listed on the claim. 	\$196.40

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